IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238977

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4747-42-0895

APPLICANT/OWNER: Thierry Mitchel Mallet APPLICANT ADDRESS: 124 Doe Run Lane Statesville, NC 28625-4

SITE ADDRESS: 158 Doe Run Lane Statesville, NC 28625 PHONE: 704-775-4234 ALT. PHONE 857-398-1378

SITE DIRECTIONS: Rt 21 N from Statesville → L on Shumaker Dr. (becomes Whites Farm Rd) → L on Doe Run Ln 1st on R

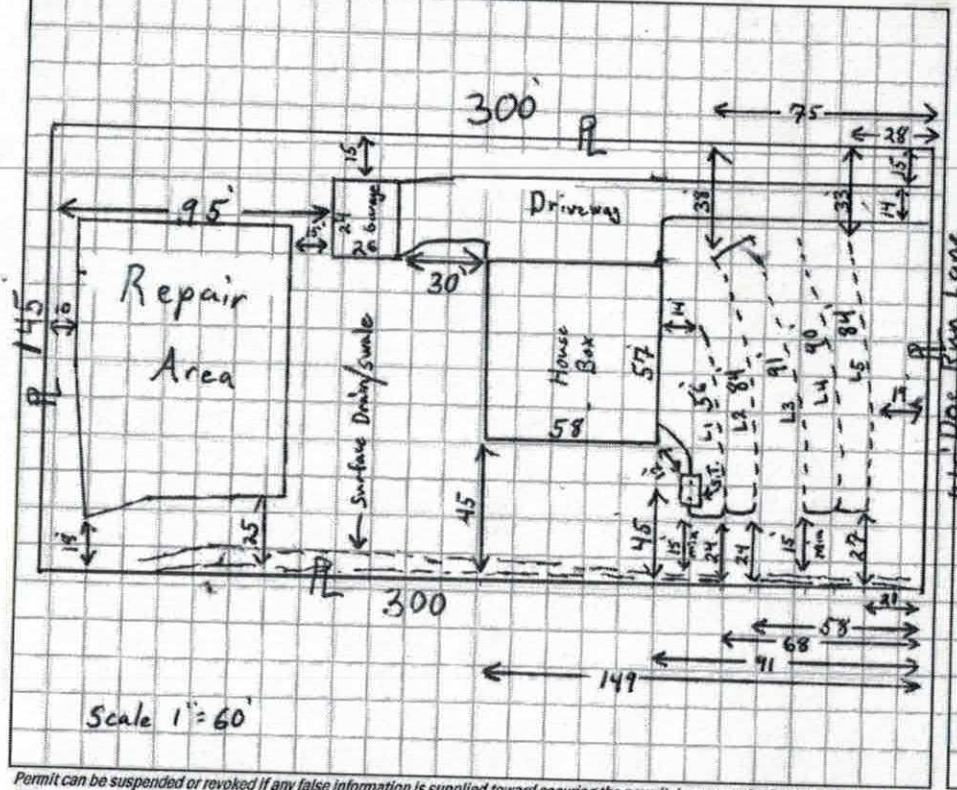
SUBDIVISION: Graystone Meadow SECTION: 2 LOT # 39 LOT AREA: 1.00 acres SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

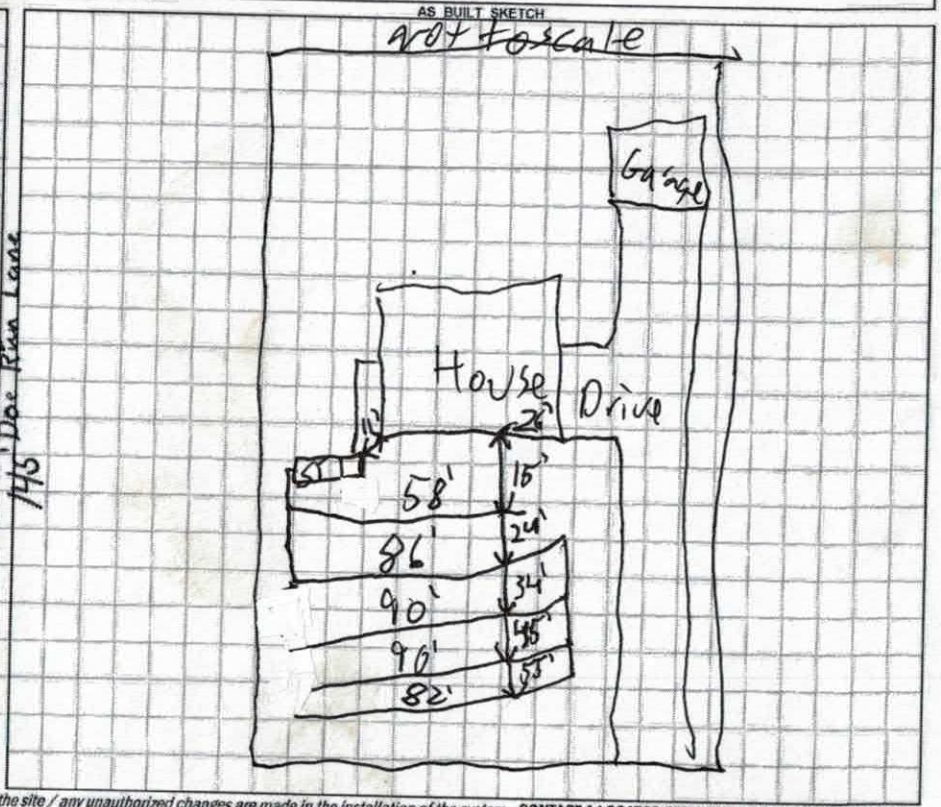
Septic Tank	1000 (gal)	STB 1012	Date 4-27-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	— (gal)	PT —	Date —	System Description: 25% Reduction (Serial distribution)		☐ Business	No. Persons 8	☐ Private
Pump Make	—	Model —	Serial # —	Repair System Description: PM - 25% Reduction		☐ Other	No. Employees —	☒ Public
# Nitrification Fields	1	# Lines 5	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Though 405 l.f. of line has been laid out, only 400 l.f. need be installed. Direct surface drain/swale upslope to be at least 15' from S.T. and new drainfield lines. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Thierry M. Mallet Date: 01/16/19

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/14/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/14/19

Installed by: Yountz Grading

OPERATION PERMIT by: Patrick J Byrd III Date: 07/03/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4747-42-08
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: David + Diane Cash
ADDRESS: 149 Foxglove Dr. Statesville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 158 Doe Run Lane Statesville, NC
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 8/24/18
DATE EVALUATED: 10/18/18
PROPERTY SIZE: 1.00 acres
PROPERTY RECORDED: Yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5%	0-5	w SCL w.sBK	sl. Friable, SS, Sp, Soap		50			0.30 PS
		5-46	clay w-m sBK/ABK	sl. Firm, Sticky, Sp, Soap					
		46-50	clay v.w. sBK some mica trace Saprolite	sl. Firm, SS, Sp, Soap					
2	LSS 7%	0-7	SCL v.w.sBK	sl. Friable, SS, Sp, Soap		52			0.30 PS
		7-52"	clay m.sBK/w.ABK some Maganese 24"-30"	sl. Firm, Sticky, Sp, Soap					
3	LSS 8%	0-9	SCL v.w.sBK	sl. Friable, SS, Sp, Soap		53			0.30 PS
		9-53	clay m.sBK/w.ABK	sl. Firm, Sticky, Sp, Soap					
4	LSS 7%	0-16	SCL v.w.sBK	sl. Friable, SS, Sp, Soap		58			0.325 PS
		16-28	clay some mica w-m sBK/v.ABK	sl. Firm, Sticky, Sp, Soap					
		28-58	clay Loam w.sBK common mica/Sap	sl. Friable, SS, Sp, Soap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	25% Red	25% Red
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Patrick Boyle

COMMENTS: * Must fill Shallow Surface Water gully

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

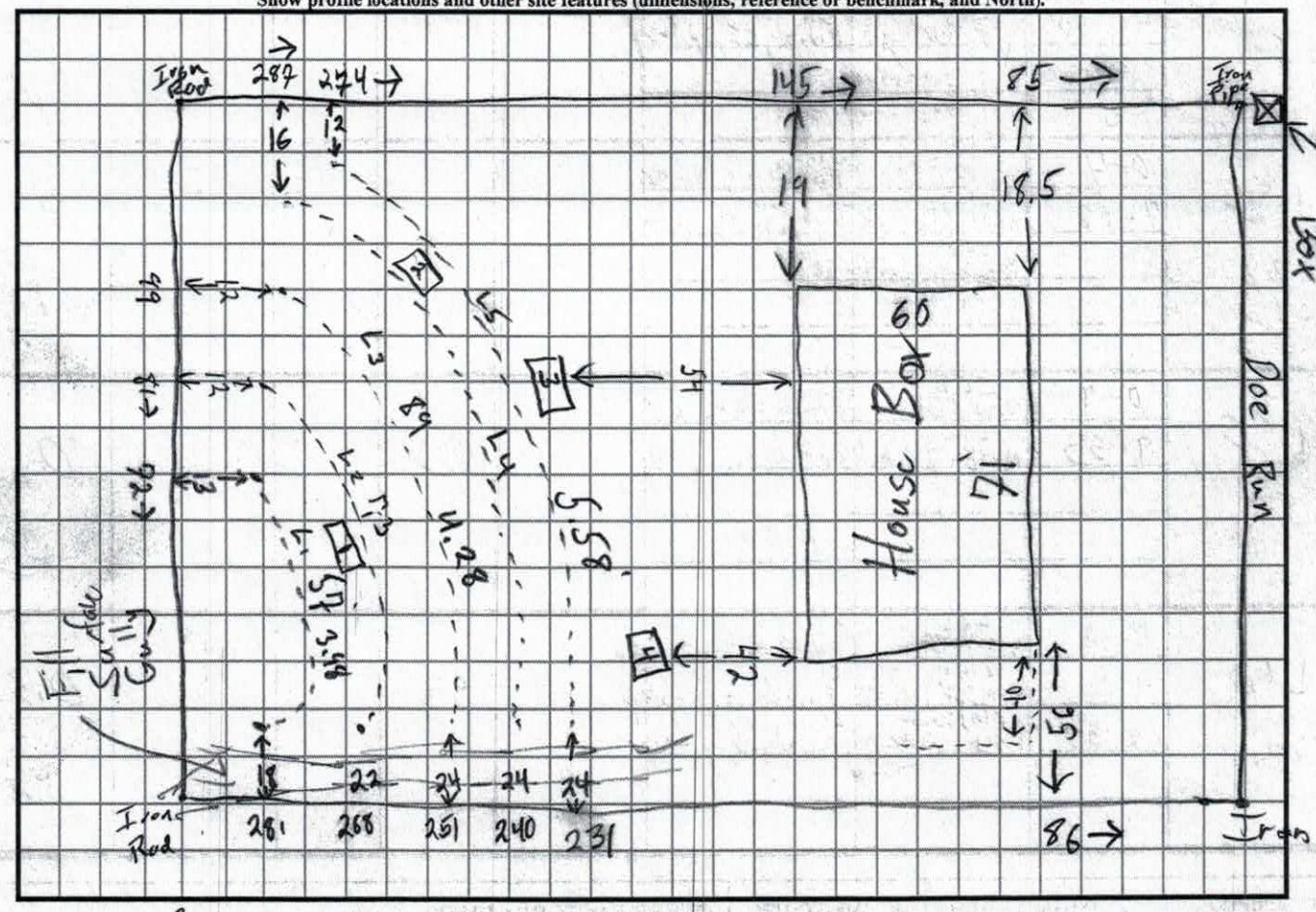
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



2 57w 56 56 128 128
73p 72 72 72
89w 88 88 88 100
118p 98 94 94
120w 90 90 100
457

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4747-42-08
COUNTY: Iredell

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Thierry Mallett
ADDRESS: 124 Doe Run Lane Statesville
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 158 Doe Run Lane Statesville
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

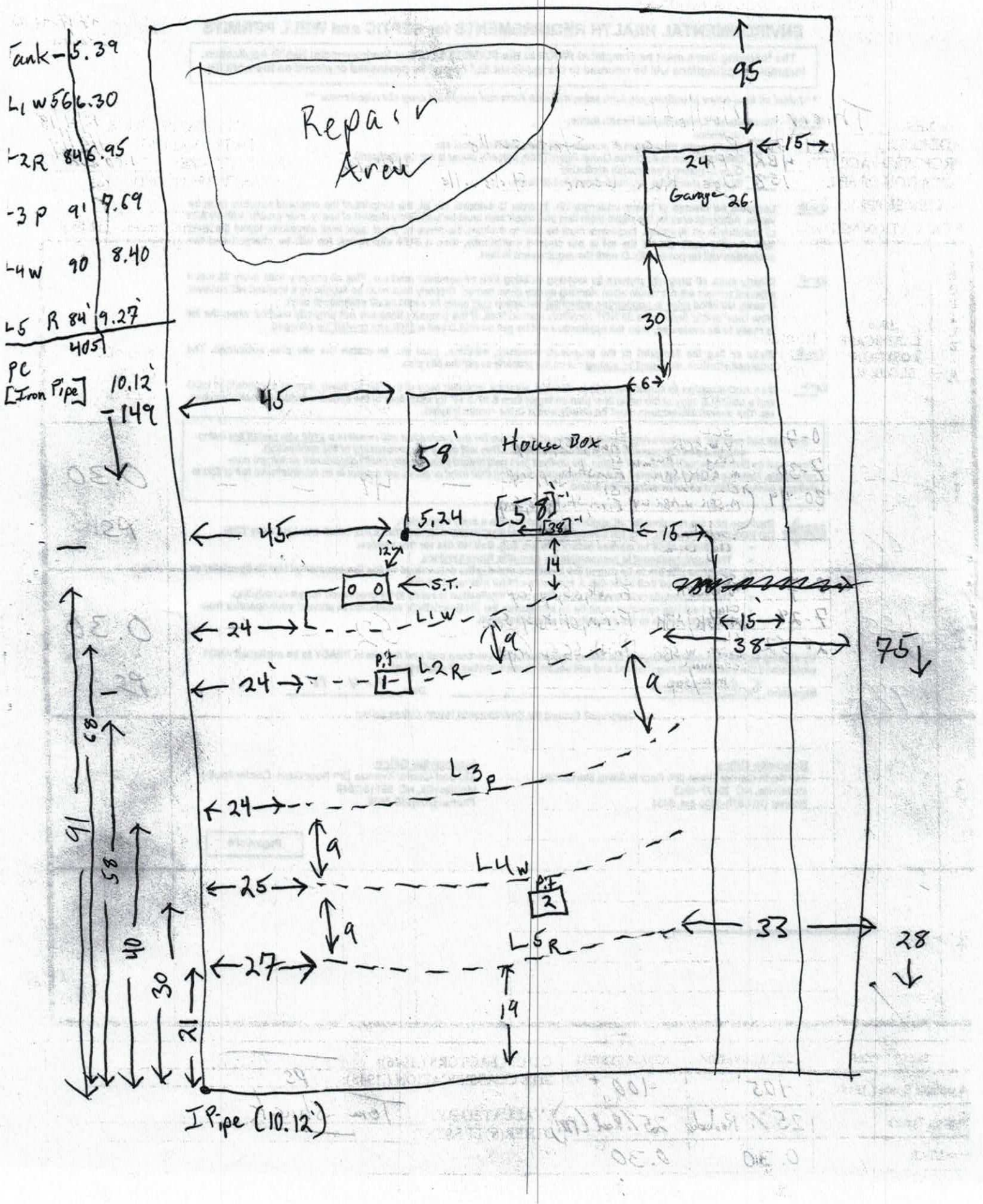
APPLICATION DATE 12/4/18
DATE EVALUATED: 1/9/19
PROPERTY SIZE: 1.00 acres
PROPERTY RECORDED: Yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 8%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sosp	—	49"	—	—	0.30 PS
		7-30	clay trace mica M.ABK/SBK	Sl. Firm, Sticky, Sp, Sosp					
		30-49	Clay common mica M.SBK w.ABK sap	Sl. Firm, Sticky, Sp, Sosp					
			Borderline Clay Loam						
2	LSS 9%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sosp	—	52	—	—	0.30 PS
		7-28	Clay M.SBK/ABK	Firm, sticky, Sp, Sosp					
		28-52	Clay Loam w.SBK common mica/sap	Sl. Friable, SS, Sp, Sosp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	405'	400 +
System Type(s)	25% Reduction	25% Red (Rpr)
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:


Tank – 5.39
L1 W 56 6.30
L2R 84 6.95
L3P 91 7.69
L4W 90 8.40
L5 R 84' 9.27'
405'
PC
[Iron Pipe] 10.12'
149'
Repair Area
95
15
24
Garage 26
30
6
45
59'
House Box
5.24
[58]
[38]
45
15
12'
14
S.T.
24
L1W
9
15
38
75
24'
P.T 1
L2R
a
68
L3P
24
91
58
9
L4W
25
P.T 2
40
9
L5R
33
28
27
30
21
14
IPipe (10.12')

IH. Kelayette
Pd. $320.00 #238977

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Thierry M MALLET	124 Doe Run Ln, Statesville, NC 28625	704-775-4234	857-318-1378 (all) (Best)
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Thierry M MALLET	124 Doe Run Ln, Statesville, NC 28625	704-775-4234	857-318-1378 (Best)
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

158 Doe Run Ln, Statesville, NC 28625 — **Street Address**
Graystone Meadows — **Subdivision Name**
Section/Phase and Lot Number

Driving Directions: Rt 21 N from Statesville → Left on Shumaker Dr (becomes White Farm Rd) → Left on Doe Run Ln → Lot on Right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Thierry M. Mallet — 12/04/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, X Thierry Mitchel MALLET, am the legal owner(s) of the property located at 158 THE RUN LN, STATESVILLE, NC 28625, identified as PIN (Parcel Identification Number) 4747 42 0895, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X Thierry M. Mallet 12/04/2018 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

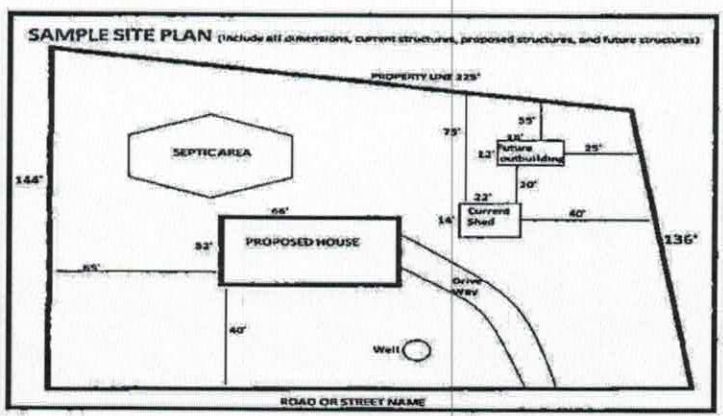
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

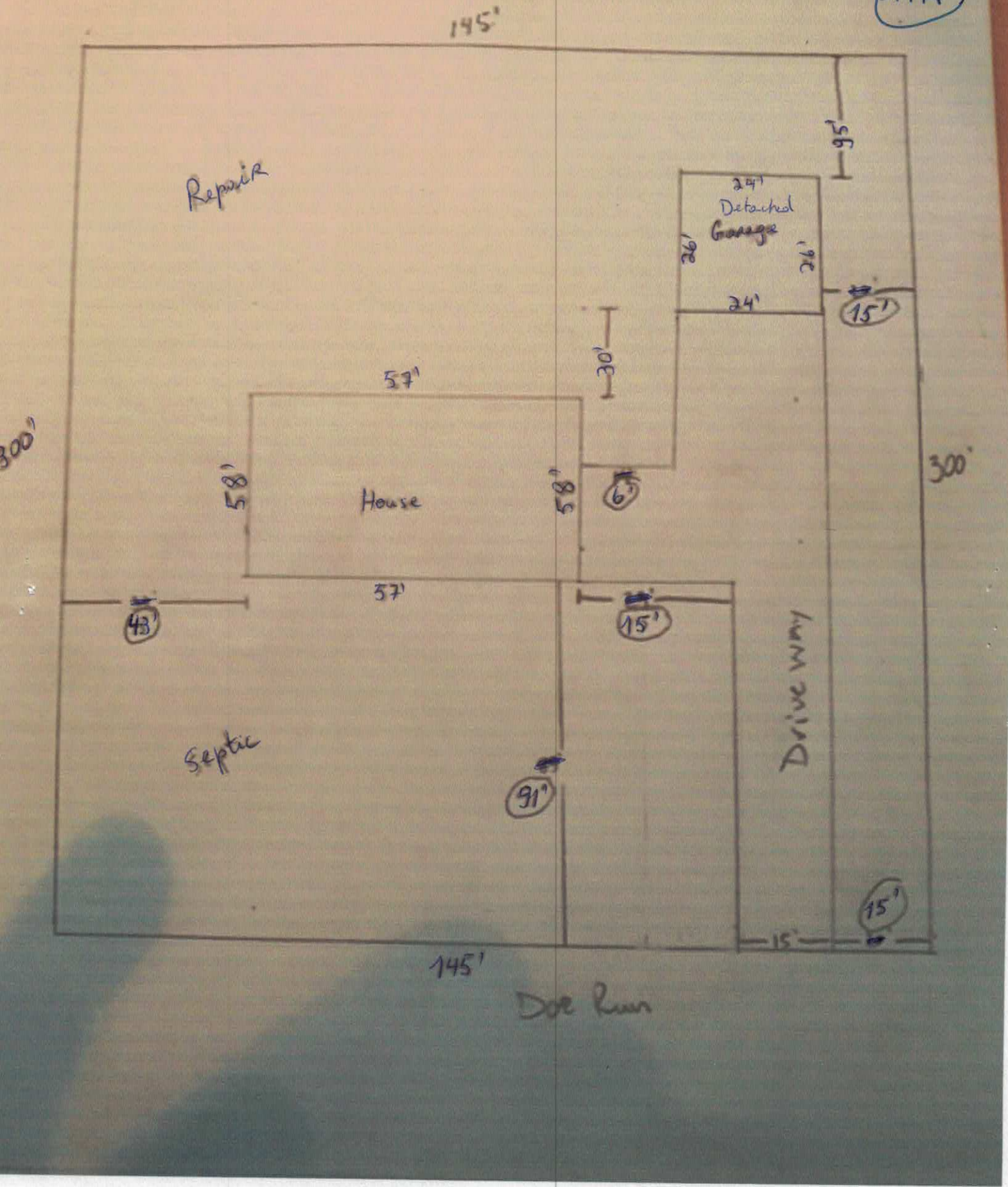
Signature: Thierry M. Rollet

***REQUIRED* property owner or owner's legal representative signature.**

12/04/2018

DATE

158 Doe Run Ln. Revised Site Plan 12/16

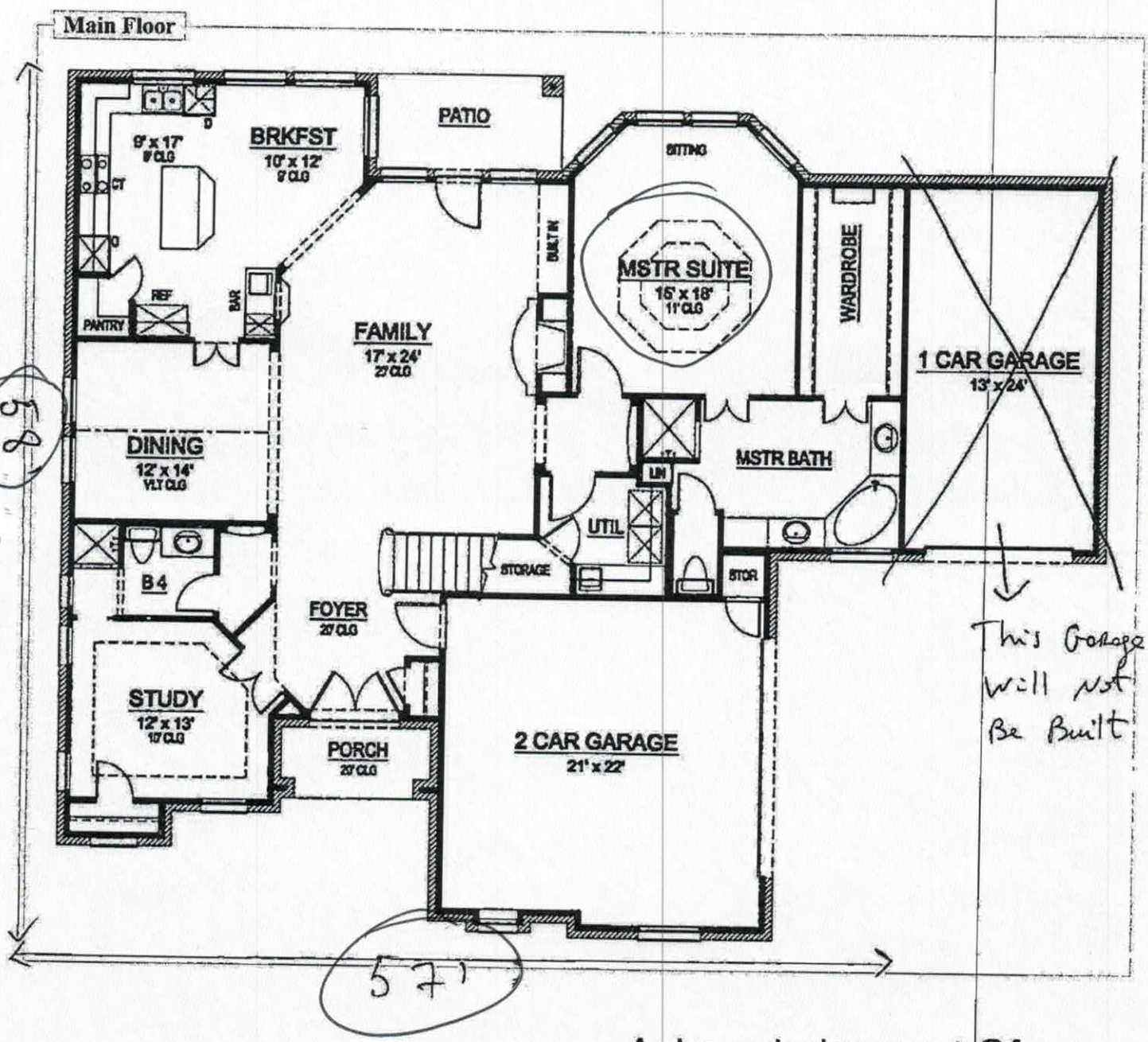


MonsterHousePlans

Open the door to your dream house! (800)977-5267

Call Monster House Plans to learn more about buying and customizing house plans in our collection. 6am-6pm Pacific Time

MAIN HOUSE



This Garage will not Be Built

Acknowledgement Of Plans Submittal ONLY!

Tom Shuck Date 1/14/19

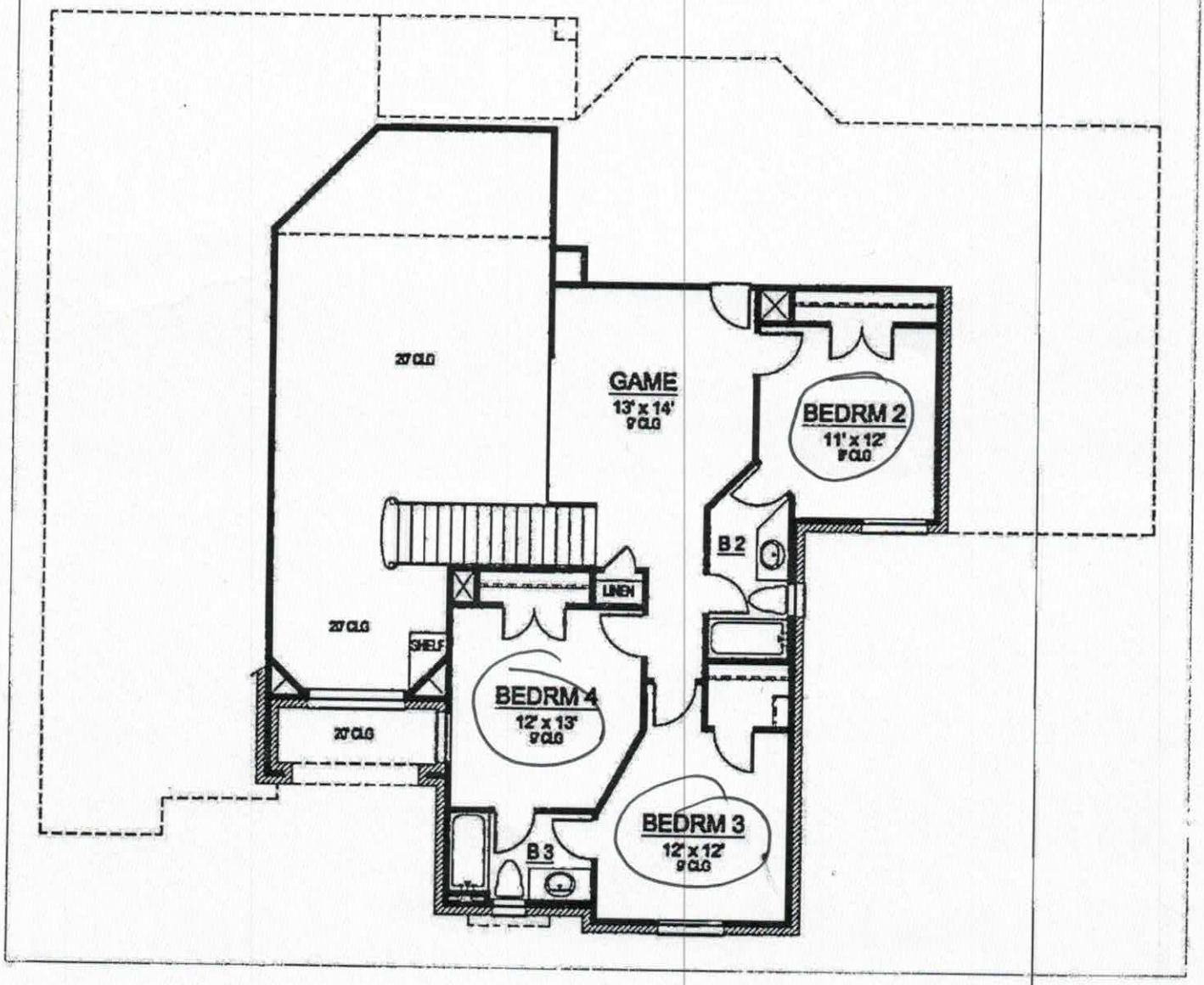
X Alicia M. Pollet Date 12/04/2018

MonsterHousePlans

Open the door to your dream house! (800)977-5267

Call Monster House Plans to learn more about buying and customizing house plans in our collection, 6am-6pm Pacific Time

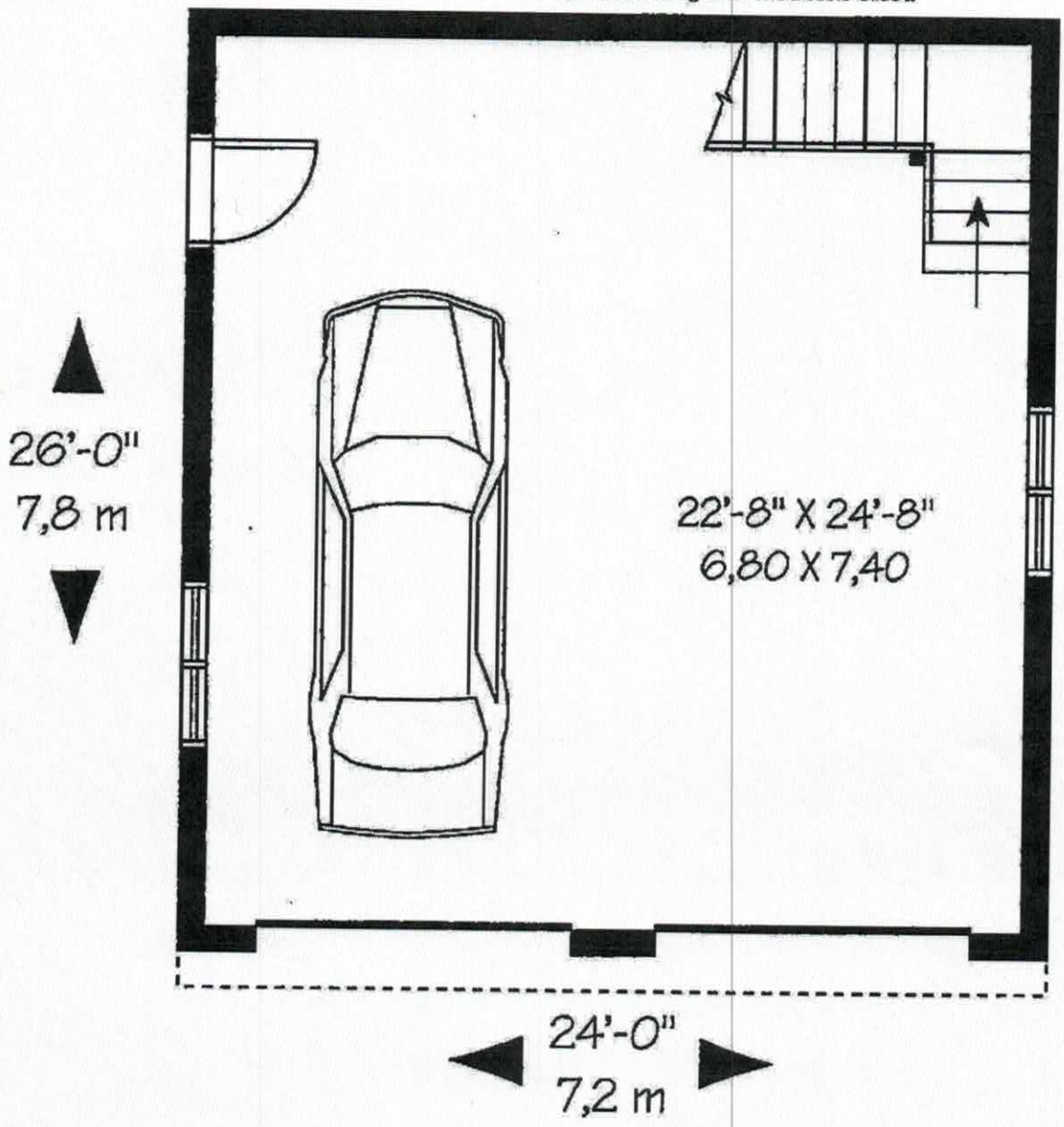
Upper/Second Floor



Acknowledgement Of
Plans Submittal ONLY!

Somchuch Date 1/14/19

X Thieng T. Pollet Date 12/04/2018



COPYRIGHT NOTICE. It is illegal to build this plan without a legally obtained set of plans. It is illegal to copy or redraw these plans. Violation of U.S. copyright laws are punishable with fines of up to $200,000. After the purchase of plans, changes may be made by a qualified professional.

Detached Garage

Acknowledgement Of
Plans Submittal ONLY!

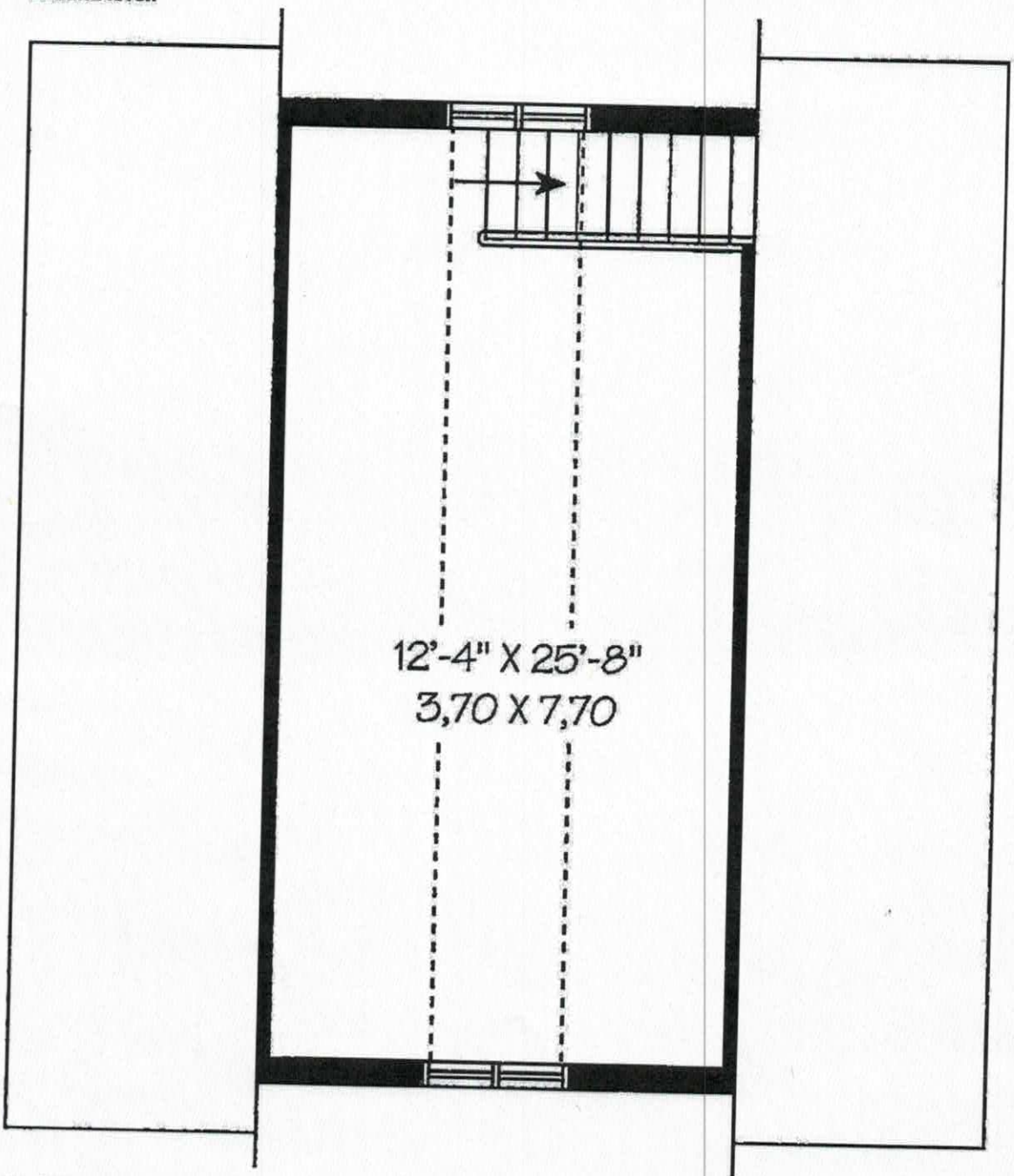
[signature] Date 1/14/19

[signature] Date 12/04/2018

The Double Glide 2 (1222)

Contact The Designer: 866-214-2242

Second level:



COPYRIGHT NOTICE. It is illegal to build this plan without a legally obtained set of plans. It is illegal to copy or redraw these plans. Violation of U.S. copyright laws are punishable with fines of up to $200,000. After the purchase of plans, changes may be made by a qualified professional.

Acknowledgement Of
Plans Submittal ONLY!
Date 1/14/19 (no plumbing)
Date 12/04/2018

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
238977
Issue Date: 09/20/2018

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4747420895.000	158 DOE RUN LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: CASH DIANE J	Applicant: MALLET, THIERRY MITCHE
Address: 823	Address: 124 DOE RUN LN
IREDELL CO, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 857-318-1378

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	NO	X

Remarks:

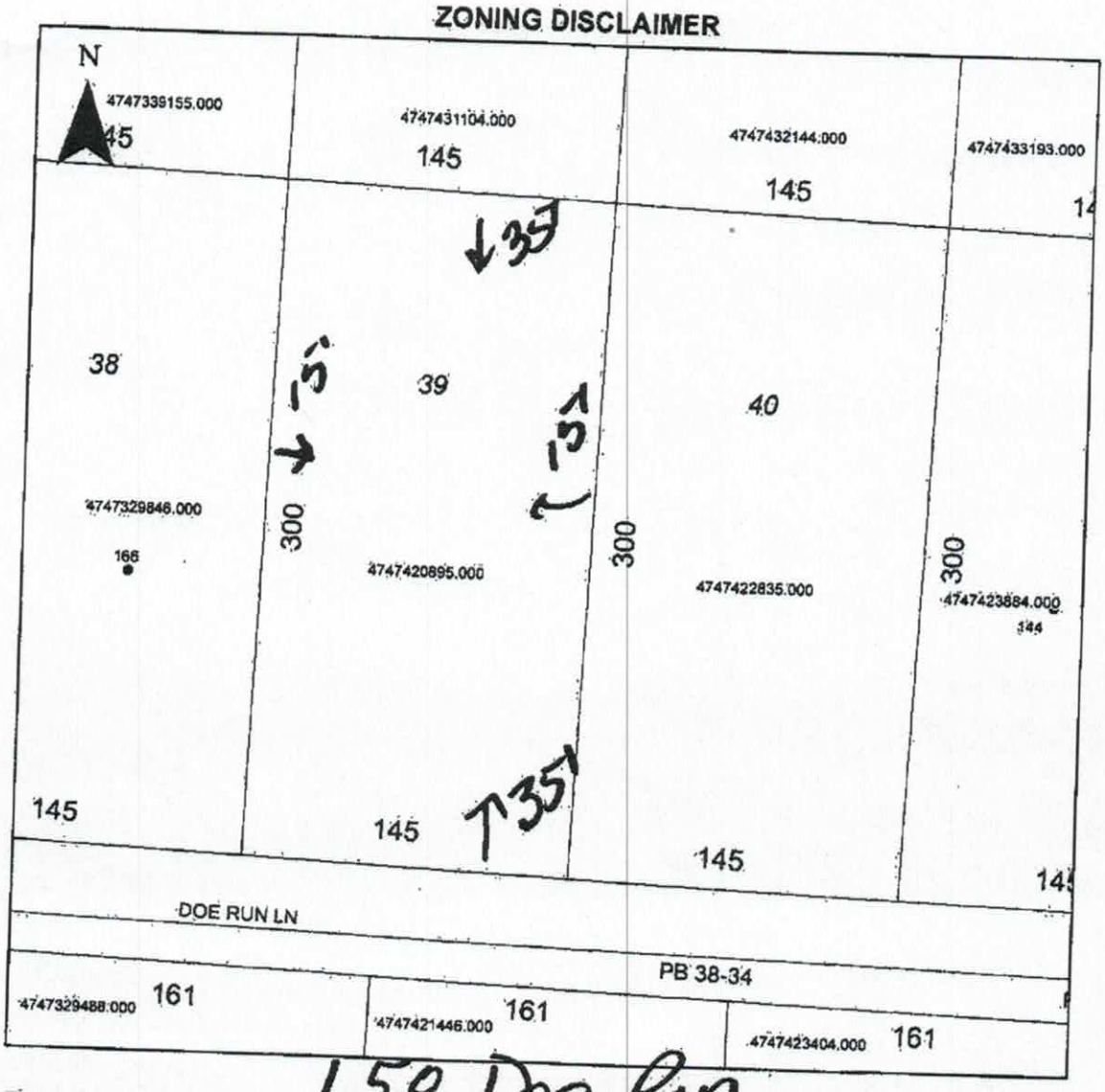


The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: See Attached Date: _____

Permit Number	153173	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 158 Doe Run

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Shirley M. Follet
Applicant

09/20/2018
Date